	PATENT	APPLICATI Effe		091	8	795	3					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	- TITH	OR		R THAN ENTITY
7	OTAL CLAIM	S						RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385 nn	OR	BASIC FEE	770.00
7	OTAL CHARGE	minus 20=		•		1	XS 9=	1	OR	X\$18=		
IN	DEPENDENT (minus 3 =			1 1	X43=	 	1	X86=	l	
MULTIPLE DEPENDENT CLAIM PRESENT							1 1		+	-IOR		
* If the difference in column 1 is less than zero, enter "0" in column 2							' [+145=	ļ	OR	+290=	
'	5-5-04 CLAIMS AS AMENDED - PART II 5-5-04									OR	TOTAL	<u> </u>
0	5-04	<u> </u>	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE:		RATE	ADDI- TIONAL FEE
ş	Total	.21	Minus	* 2				X\$ 9=		OR	X\$18=	
S S	Independent	.2	Minus	2	3		lt	X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		!	+145=			+290=	
2/ /								TOTAL		OR OR	TOTAL	
ئ	3/14/5	(Column 1)	•	(Colum	າກ 2)	(Column 3)		DDIT. FEE		J O(*)	ADDIT. FEE!	
AMENDMENT B	10	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST EA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	18	Minus	2	/ 	= /		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	ENDENT	CLAIM	=/		X43=	^~	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							AE	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
	·	(Column 1)		(Colum		(Column 3)			,			
ENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
-	Total	*	Minus	**		×		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		2	-	X43=		. 1	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-			OR		
• 11	he entre in entre	nn 1 ie laes than th	anta in action	nn O weiln "f	or in ant		L	145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					tound	in the app	ropriate box	in colu	m∩ 1.	

Application or Docket Number